

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PA</i>	<i>7084</i>	<i>7/17</i>
O.I.P.E. CLASSIFIER	<i>FF</i>	<i>10</i>	<i>7-19-00</i>
FORMALITY REVIEW		<i>829</i>	<i>08/21/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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